

# **Pharmacy Medicine Use Review – What’s it all about?**

## **1. What is it?**

**1.1** Medicine use Review has been introduced under the Advanced Services tier of the New Pharmacy Contract in England & Wales. The aim of the service is to achieve a concordant approach to medicine taking by:

- Establishing the patient’s actual use, the understanding & experience of taking their medicines;
- Identifying, discussing & resolving poor or ineffective use of their medicines;
- Identifying side effects & drug interactions that may affect patient compliance;
- Improving the clinical effectiveness & cost effectiveness of prescribed medicines & reducing medicine wastage.

**1.2** The review is one of medicines use, not a clinical review. The Pharmacist will not have access to the patient’s clinical notes, but will know from their pharmacy patient medical record what the patient takes.

## **2. Who can deliver the service?**

**2.1** The MUR can only be offered by accredited Pharmacists from premises accredited with the PCT. Whilst an MUR could be performed in a patient’s home or even a local practice room, the review will normally be conducted in a consultation area within the Pharmacy. The Pharmacists conducting an MUR must have undertaken a competency assessment before providing the service & will receive a fee for the service, which comes from a global sum & not local budgets. MUR can be delivered away from the pharmacy but pharmacists must get the agreement of the PCT before undertaking such reviews. Patients living in sheltered accommodation who are unable to get to the pharmacy are an ideal group of patients to receive this service in their own homes.

## **3. Which Patients can have an MUR?**

An MUR should be conducted every 12 months & there are two methods of engaging the patient:-

### **3.1 Planned MUR’s** – (Inviting patients to Interview)

- a) An MUR can be conducted with patients on multiple medicines & those with long term conditions
- b) The Patient must have been using the Pharmacy for dispensing their medication for at least the previous 3 months.

### **3.2 Intervention MUR’s** – (Conducted at the time of Dispensing)

- a) The MUR is carried out in response to a significant problem with a patients’ medicine.
- b) This is normally highlighted as part of the Dispensing process.
- c) Commonly, the issues will highlight the need for the patient to develop their understanding of their medicines in order to improve their use.
- d) In an intervention MUR, the minimum 3 month rule above is not a requirement

- e) The Pharmacist will need to make a decision as to whether the intervention is clinically significant and requires more than brief advice.
- f) Dose optimization & synchronization alone do not warrant an Intervention MUR.

#### **4. What does the Review involve?**

**4.1** As this is a concordance based review, the Pharmacists will ask the patient to bring their medication (including purchased medicines) with them to the review.

Discussions with the patient may include:

- What the patient thinks each medicine is for & when they take it;
- How compliant they are with prescribed instructions;
- How & when they take medication labeled “as required” or “as directed”;
- Identification of items without adequate dosage instructions;
- Advice on tolerability & perceived side effects;
- Dealing with practical problems in ordering, obtaining, taking & using medicines;
- Ensuring appropriate use of different medicine dosage forms;
- Identification of unwanted medicines & if the patient is no longer taking their medicine;
- Identification of the need for a change of dosage form to facilitate effective usage;
- Possibility of changing from a branded medicine to a generic;
- Proposals for dose optimization - higher strength substitution where multiple doses of lower strength products are prescribed, provided it does not interfere with the patient’s clinical management;

**4.2** The review will be recorded on a national standard form (Available on LMC website or on request from Cathy Pedder.) A copy will be retained in the Pharmacy, a copy will be given to the patient & a copy sent to the GP. There may be Action points for the GP dependent upon the outcomes of the review.

#### **5. Benefits to GP’s**

**5.1** This is a new service & both Pharmacists & GP’s must learn to work closely to maximize the opportunity this new service presents to improve patient care.

**5.2** Improving a patient’s concordance with their treatment should improve their health outcomes thus reducing workload for GP’s & secondary care re-admissions due to poor compliance. Aspects of a patients medication use review can count towards practice QOF payments eg. Checking of inhaler technique, and the overall review can support the practice in carrying out the medication review.

**5.3** Pharmacists may be contacting their local practices when they plan to offer the service. Areas where the introduction of MUR’s has been most successful are those where there has been meaningful dialogue between GP’s & Pharmacists to get the best out of the service. As the service develops, PCT’s & practices may wish to suggest patient groups that would benefit from an MUR and / or refer individual patients.

**5.4** You may want to ask your local Pharmacist some questions about MUR’s, such as:

- **Who should the Pharmacist send Action plans to at your practice?**
- **What level of detail do you require on these Action Plans?**
- **How will you use these Action Plans in your Practice?**

- **Do you require returns where no Action is necessary indicating that the patient is happy with their current therapy?**
- **Which patients can I refer to my local Pharmacist to conduct an MUR?**

**5.5** To address your concerns, I have written a template letter you may wish to send to your local Pharmacist to enable you to quickly gather information, which may help resolve the many queries that are evolving in relation to the development of this new service. . (Available on LMC website or on request from Cathy Pedder.)

**5.6** I understand that 60% of time taken at a full Medication review in the surgery is taken on issues around patient concordance. If these issues were eliminated in advance with your local Pharmacist conducting an MUR before your Medication review, this process would be much quicker for you and more effective for your patients. This may be difficult to organize locally but will become much easier when EPS arrives.

## **7. In Summary**

### **7.1 What IS a Medicine Use review**

- Identifies if patients understand how their medicines should be used.
- Discusses how patients should correctly use their medicines.
- Identifies if patients know why they have to use their medicines.
- Explains the condition for which each medicine is prescribed.
- Identifies whether patients actually use their medicine as prescribed.
- Identifies any issues affecting correct use of their medicines. e.g. timing.
- Identifies Side effects that may be experienced from their medicines.
- Identifies any medicines no longer used.

### **7.2 What a Medicine Use Review IS NOT**

- Discussion about changes to drug treatment
- Discussion about the medical condition beyond the drug treatment.
- Discussion on the effectiveness of treatment based on test results.

**Chris Rose**

**LPC Communications Workstream lead & Community Pharmacist in Witham**

**Template letter to send to local Pharmacies.**

Surgery Address

Date

Dear Pharmacist,

I understand you are now able to conduct MUR's under the Advanced Services tier of the New Pharmacy Contract. In order to optimize the benefits to our patients that you dispense for, could I ask you to take a few minutes to read & complete the information below.

- ❖ Do you intend providing the MUR service in your Pharmacy?      Y / N
- ❖ If you are able to conduct MUR's could you please send completed patient Action Plans to our surgery for the attention of - (nominated MUR contact).
- ❖ It would be most helpful if you could contact me to discuss which groups of patients I would like you to conduct an MUR on.

**Alternatively;**

It would be most helpful if you could conduct MUR's on the following groups(s) of patients from this practice that you dispense medication for:

- ❖ ASTHMATICS
- ❖ HYPERTENSIVES
- ❖ DIABETICS
- ❖ OLDER PEOPLE (Insert criteria if required)
- ❖ OTHER GROUPS (Please state)

I intend conducting a full medication review on the following patients in two months time. Could you please conduct an MUR with the following patients in the next 4 weeks, if possible:

- ❖ List Patients as appropriate.

Thank you for taking the time to read this letter and please do not hesitate to contact me (or nominated contact) for further information.

Yours faithfully



# Community Pharmacy Medicines Use Review & Prescription Intervention Service

Patient Details			
<b>Date of review:</b>	<b>Title:</b>	<b>Name:</b>	<b>NHS Patient Code:</b>
			<b>Pharmacy (PMR) ID:</b>
<b>Address:</b>			<b>DOB:</b>
			<b>Tel:</b>
<b>GP:</b>		<b>GP address:</b>	
<b>Recording of patient's informed consent</b> (must be completed before the review can proceed)			
Patient has received information on and consented to the review process. <span style="float: right;"><input type="checkbox"/></span>			
Patient has agreed that information may be shared with their GP. <span style="float: right;"><input type="checkbox"/></span>			
Patient has agreed that information may be shared with others such as carers. <span style="float: right;"><input type="checkbox"/></span>			
Specify others by name:			
<b>Reason for review:</b>		Pharmacist identified <span style="float: right;"><input type="checkbox"/></span> or	
Annual Review (MUR) <input type="checkbox"/>		Referral from ..... <input type="checkbox"/>	
Prescription Intervention <input type="checkbox"/>			
<b>What would the patient like to get out of the review?</b> (including the need for information)			
Basic health data			
Significant previous ADRs:		Known allergies/sensitivities:	
Medical history as described by patient and from information recorded in PMR		Monitoring as described by patient and from information recorded in PMR	
<b>Name of Pharmacist conducting the review:</b>			
<b>Pharmacy name &amp; address:</b>			
<b>Location of review:</b>		<b>Outcome of Review:</b>	
Pharmacy <input type="checkbox"/>		Copy of care plan given to patient <input type="checkbox"/>	
Other location <input type="checkbox"/> .....		Referral made to GP <input type="checkbox"/>	
(state location used) .....		Pharmacist actions completed and recorded in care plan <input type="checkbox"/>	
Telephone <input type="checkbox"/> .....			
.....			
(record reason why face to face was not possible)			



Patient Name:

DOB: / /

<b>Is the formulation appropriate?</b>  <i>yes no</i>	<b>Is the medicine working?</b>  <i>yes no unknown</i>	<b>Are side effects present?</b>  <i>yes no</i>	<b>General Comments</b>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
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**Explanatory notes:**

**Is the formulation appropriate?** – use to identify problems with formulation, e.g. swallowing difficulties suggest a liquid product may be more suitable, include poor technique with inhaler devices here.

**Is the medicine working?** – if you have objective evidence such as BP or cholesterol level then you may indicate whether the medicine is effective or not. In many cases this may be a subjective response based on the patient’s view of their treatment. In other cases it may be unknown such as antiplatelet therapy.

**Are side effects present?** - indicate patients reported response supplemented by a professional decision as to which drug a particular side effect may be attributable to.

**General Comments** - add any additional information here for example if you have ticked a positive response for side effects present it would be helpful to add detail (such as cough and skin rash) which may help you when you develop your action plan and when completing a follow up review with the same patient at a later date.

# Medicines Use Review Action Plan

Date of review:

<b>Patient name:</b>	<b>Date of Birth:</b>	<b>NHS Patient Code:</b>	<b>GP name:</b>
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Medicines Use Issue	Priority	Proposed Action	Action by	Outcome if known with dates

<b>Pharmacist name</b> (block capitals)	<b>RPSGB registration number</b>	<b>Pharmacist signature</b>	<b>Telephone number of Pharmacist:</b>
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<b>Next steps:</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PATIENT:</b> This is your copy; please retain it for your personal use. You may wish to show it to other health care professionals if you wish to share this information.</li> <li><input type="checkbox"/> Please make an appointment with your GP to discuss within ..... weeks.</li> <li><input type="checkbox"/> Take this form to your next scheduled GP appointment.</li> <li><input type="checkbox"/> Follow your actions agreed above.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>GENERAL PRACTITIONER:</b> This is your copy; please retain a copy in your patient's notes.</li> <li><input type="checkbox"/> For information only – no action required.</li> <li><input type="checkbox"/> Please review the actions proposed above.</li> </ul>